

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM 10-875)

APPLICANT(S)  
88/9816-5

**CLAIMS**

No.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		No.	* IND. DEP.		* IND. DEP.		* IND. DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2	/	/					52						
3	/	/					53						
4	/	/					54						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

Paulette Kidwell  
Paralegal Specialist